

ease in Germany.—*Deutsch Zeitschr. f. Chir.*, bd. 26, heft 1 and 2.

HENRY KOPLIK (New York).

V. A Permanent Tube for the Œsophagus. By Dr. R. GERSUNG (Vienna). The leading idea is not advanced as a new one. His plan is to use such a tube as will keep the passage open—in cases of cancerous or cicatricial narrowing—and at the same time allow the patient to swallow through it. The chief interest lies in the way he seeks to accomplish this. He used soft rubber tubing, in one case a Nelaton catheter. It opens above at the upper end of the œsophagus; from this point up the tube is cut away so as to leave but a narrow strip of rubber on each side. Each strip is drawn out through the respective nostril and the two are tied in front of the nasal septum. To prevent regurgitation he cuts a wedge-shaped piece from each side of the lower end of the tube. The two projecting tips thus left separate to allow material to pass into the stomach, but close together like a valve when there is any tendency for it to return.

He has tried this method in two cases and is encouraged to recommend its further trial. In a 7-year old boy, beginning 6 days after accidental drinking of caustic potash, he used a Nelaton 10 days and a double tube 11 days. His second case was after œsophagotomy for cancer at the upper end of the organ. Here it was kept in 5 weeks, including repeated changing. For a time he used a  $\infty$ -shaped tube made by slitting two tubes lengthwise and sewing their edges together. — *Wien. Med. Woch.*, 1887, No. 43.

WM. BROWNING (Brooklyn).

VI. Case of Lymphangioma Colli Cysticum. Extirpation. Cure. Prof. HOFMOKL (Vienna). This case is the counterpart of a similar one of hygrom. colli congenitum recently published by Prof. Wölfler (*Med. Presse*, No. 28, 1886). Female, æt. 16. Had three years previous to operation noticed a small elastic swelling behind the right sterno-mastoid above the clavicle. This grew to a size which at extirpation equalled that of an apple. It was elastic and showed fluctuation. On exploratory puncture the cyst gave a light, yellow fluid containing cholesterine, fat and lymph cells. It was extirpated

easily, but the walls were so thin that the cyst burst during operation. It was then freely incised and easily separated from the surrounding structures. The interior was lined with endothelium and the contained fluid was no doubt degenerated lymph. Bleeding was insignificant; the wound was sutured; a drain inserted and sublimate bandage applied. Primary union and cure in 10 days.—*Arch. f. Kinderheilkunde*, band viii, heft iv.

**VII. Intralaryngeal and Intratracheal Thyroideal Tumors.**  
By Dr. A. HEISE (Tübingen). Three cases of new growths composed of strumous thyroid glandular tissue occurring within the interior of the larynx and trachea have been recorded in the Tübingen clinic since 1874. Ziemssen was perhaps the first to describe these tumors. He records, in 1875, a case occurring in a shoemaker 30 years old. This tumor was situated so as to compress the posterior wall of the trachea. The origin or histogenesis of these tumors is an interesting study. In the cases recorded in the Tübingen clinic the tumors were isolated from the thyroid gland, they caused no ulcer of the trachea; the mucous membrane was intact over their surface; they protruded into the lumen of the larynx or trachea, causing dyspnoea. The thyroid proper was little or not at all enlarged. These cases are, from a clinical standpoint, intralaryngeal or intratracheal struma. But it is to be also remarked that these growths cannot be classed among the malignant or benign growths of the thyroid projecting or compressing the larynx or trachea. They are rather accessory thyroid glands developing from an anomalous disposition of some embryonal thyroid tissue in foetal life. The tumor was situated in the 3 cases of Bruns on the posterior wall of the larynx and trachea. This situation is avoided by most other tumors of the larynx as the papillomata. The tumors are not connected in any way with the cords.

In all four recorded cases the tumors were subglottic. In the cases of Bruns the growths extended from the glottis to the extent of two to four tracheal rings. In Ziemssen's case the tumor began in the middle of the cricoid cartilage, extending downward for 2 cm. The above situation is a constant one. The surface of the tumors is smooth. In one case of Bruns the thyroid gland, though little enlarged, showed